

Report on Basic Demographic Information and Results of Twelve Month
Follow-up Procedure for Adults Completing Community-Based Treatment
Programs

Presented to: Division of Alcohol and Drug Abuse
State of South Dakota

By: Gary R. Leonardson, Ph.D.
Mountain Plains Research
55 Rodeo Trail
Dillon, MT 59725
406-683-6424
mpr@zipmt.com

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EXECUTIVE SUMMARY FROM FORMS COMPLETED

A summary of the basic findings for community-based programs for adults is presented in this section.

- ◆ The abstinence rate for those (n = 1708) in the 12-month follow-up survey was 46.2 percent. Considering the fact that many (72.6%) people were forced into treatment by court mandates (including placement from detox centers), the abstinent rate was very good.
- ◆ Clients completing treatment (and were abstinent during follow-up) were hospitalized **4.7 times less** after treatment than they were before, and the number of days hospitalized was **4.0 times less** during the post-treatment time.
- ◆ Overall, there were more than **twice** as many ER visits before treatment as there were after treatment.
- ◆ Before treatment about one-third of the clients were unemployed, but one year post-treatment only 9.4 percent of all persons completing treatment were unemployed. For those who were abstinent during the follow-up period, the unemployment rate was only 7.9 percent. The benefit of the improved employment opportunities to the individuals and society was substantial.
- ◆ Before treatment those working were absent 3.6 days in the past 30 days. After treatment the number of days absent in the past 30 days was only 1.2 days for all clients (0.8 days for those abstinent), resulting in a 66.7 percent improvement for all completing treatment and a 77.8 percent improvement for those abstinent.
- ◆ There was a substantial reduction (72.0% for all clients, 76.0% for those abstinent) in the number of vehicle accidents between pre- and post-treatment time periods.
- ◆ In the year prior to treatment three-fourths of the clients had been arrested, but this was reduced to only 19.0 percent (8.5% for those abstinent) for the year following treatment.
- ◆ There was a considerable reduction (74.0% for all

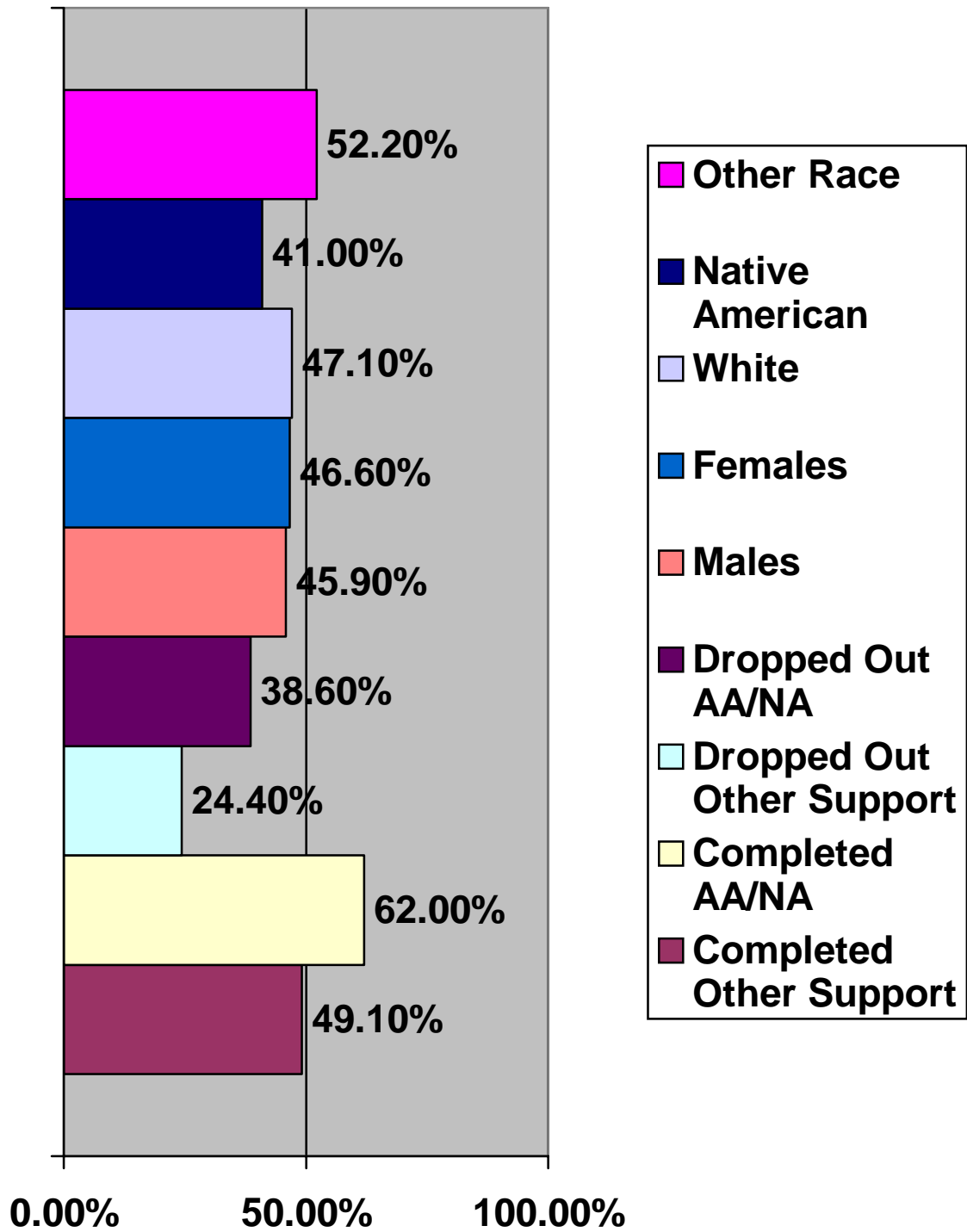
clients, 88.9% for those abstinent) in those jailed overnight between pre- and post-treatment assessments.

- ◆ Overall, there were **5.8 times (12.7 for those abstinent)** more arrests before treatment than there were after treatment
- ◆ Clients working full-time were more likely to remain substance free than were those not working full-time. Also, clients who were substance free during follow-up had fewer days absent from work.
- ◆ Clients completing treatment (substance free or not) had fewer problems with: their boss or supervisor, getting their job done, making mistakes at work, missing work, or being late than they did before entering treatment.
- ◆ Based on marital status at follow-up, clients who never married were more likely to have used substances than were married persons.
- ◆ Clients who attended AA or NA were much more likely to remain substance free than were those who stopped attending.
- ◆ Clients who attended aftercare were much more likely to remain substance free than were those who stopped attending.
- ◆ Clients who were substance free had fewer problems during the follow-up period with boredom, stress, and loneliness.
- ◆ Clients using substances were more likely to have had periods of 2 weeks or more in which they felt depressed.
- ◆ Clients using substances were more likely to be around others using alcohol or drugs, and craved alcohol and drugs.
- ◆ Clients who rated the treatment programs highly were much more likely to be substance free.
- ◆ Clients who were substance free had fewer problems

with marital or 'significant other' relationships, family problems, and financial problems during the follow-up period.

- ◆ Clients who had frequent visits to hospitals and ER's during the year preceding treatment were more likely to use substances during follow-up than were those with fewer visits.
- ◆ Clients who had frequent visits to hospitals and ER's following treatment were more likely to use substances during follow-up than were those with fewer visits.
- ◆ Clients who had been treated for depression before treatment were more likely to use substances during follow-up than were those who had not been treated for depression.
- ◆ Clients having the shakes after cutting down were more likely to use substances during follow-up than were those not experiencing shakes.
- ◆ Clients using drugs or alcohol to relieve a hangover were more likely to use substances during follow-up.
- ◆ Clients needing drugs or alcohol just to keep going were more likely to use substances during follow-up than were those not needing substances to keep going.
- ◆ Clients who missed work in the year previous to treatment programs because of substance use were more likely to use alcohol or drugs during follow-up than were those not missing work.
- ◆ Clients who neglected their children (or other responsibilities) because of alcohol or drugs were more likely to use substances during follow-up.

Abstinence Rates: Various Groups



Demographic Information (From Intake Form)

Ethnic Origin

Information for this section of the report was obtained from the MPR Adult Intake forms that were adapted and used by permission of New Standards, Inc. The information used in the section of the report was obtained for persons completing treatment programs between April 1998 and November 2005. Information from the Intake, History, and Discharge forms were available for 6571 persons. The only two ethnic groups with notable numbers were White (67.6%) and Native American (25.3%), representing 92.9 percent of the total.

Ethnicity	Number of Cases	Percent
Asian	31	0.5%
Black	91	1.4%
Hispanic	113	1.7%
Native American	1663	25.3%
White	4443	67.6%
Biracial	203	3.1%
Other	27	0.4%
Total	6571	100.0%

Marital Status

Never Married (53.3%) and divorced (23.7%) were the most frequently mentioned categories of marital status.

Marital Status	Number of Cases	Percent
Never Married	3480	53.3%
Divorced	1547	23.7%
Separated	420	6.4%
Widowed	93	1.4%
Married	986	15.1%
Total	6526	99.9%

Education Attainment

High school diploma/GED was the most frequently mentioned category (65.9%) for educational attainment, followed by no diploma earned (15.3%), vocational/technical school (11.3%), and associate's degree (3.6%).

Highest Degree Earned	Number of Cases	Percent
No Degree or Diploma Earned	939	15.3%
High school diploma/GED	4043	65.9%
Vocational/technical school	694	11.3%
Associate's Degree	220	3.6%
Bachelor's Degree	206	3.4%
Master's Degree	24	0.4%
M.D./J.D./Doctorate	12	0.2%
Total	6138	100.1%

Current Employment Status

At entry into the treatment programs, more than one-half were employed either part- or full-time. The most common employment status was unemployed (39.2%).

Employment Status	Number of Cases	Percent
Full-time employment	2498	38.3%
Part-time employment	801	12.3%
Unemployed	2560	39.2%
Retired	62	0.9%
Disabled	291	4.5%
Homemaker	143	2.2%
Student	173	2.7%
Total	6528	100.1%

Financial Assistance

Some of the clients were receiving Disability Compensation (6.1%) or Welfare (4.6%), and a few (0.8%) were receiving both at intake into the treatment programs.

Financial Assistance	Number of Cases	Percent Yes
Receiving Disability Compensation	6111	6.1%
Receiving Welfare	6169	4.6%

Treatment Payment

Most (59.8%) of the clients were financed exclusively by the Division of Alcohol and Drug Abuse as indicated in the 'Other' category. Self-pay (27.8%) and Medicaid (8.3%) were the other most frequent types of payment. The percents do not equal 100 percent, because there are multiple payment sources for some people.

Payment Type	Number of Cases	Percent
Medicare	134	2.2%
Medicaid	499	8.3%
Blue Cross/Blue Shield	148	2.5%
Private/group insurance	254	4.2%
HMO	30	0.5%
Self-pay	1676	27.8%
Other	3598	59.8%
Total	6020	

Referral Source

The Court (56.1%) was the most frequent referral source. Other common referral sources were Self (26.1%), Other (15.2%), and Family (12.0%). Since there were multiple referral sources, the sum of the percents was more than 100.

Referral Source	Number of Cases	Percent Checking Category
Court	3633	56.1%
Detox Center	511	7.9%
Employer/EAP	47	0.7%
Family	775	12.0%
Friends	393	6.1%
Mental health worker	298	4.6%
Physician	159	2.5%
School	30	0.5%
Self	1689	26.1%
Social worker	500	7.7%
Other	986	15.2%

Reasons For Entering Treatment

It is obvious that these particular clients entered treatment for reasons external to themselves, based on responses to referral sources and reasons for program entry. DWI or DUI (41.4%) arrests were the most frequent reasons for entering treatment, followed by Other Court Action (34.3%) and In Lieu of Incarceration (9.5%). Since persons could make multiple responses and not everyone responded to the questions, the sum of the percents does not equal 100.

Reasons	Number of Cases	Percent Yes
DWI or DUI arrest	2631	41.4%
Other court action	2177	34.3%
In lieu of Incarceration	601	9.5%
Ultimatum from employer	95	1.5%

Ultimatum from spouse/mate	266	4.2%
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Most Recent Chemicals Used (From Intake Form)

Upon admission to the treatment programs, it was found that the most common drugs used were alcohol, marijuana, and cocaine. Nearly all (97.7%) had used alcohol and 66.6 percent had used marijuana at some time.

Substance	Within 24 Hours	Within 2-7 Days	Within 8-30 Days	Over a Month Ago	Never Used
Alcohol	197(3.1%)	1063(16.8%)	1796(28.4%)	3118(49.3%)	147(2.3%)
Marijuana	126(2.0%)	414(6.6%)	767(12.3%)	2849(45.6%)	2085(33.4%)
Cocaine	8(0.1%)	35(0.6%)	155(2.5%)	1911(30.9%)	4078(65.9%)
Stimulants	56(0.9%)	76(1.2%)	221(3.6%)	1420(23.0%)	4410(71.3%)
Sedatives	36(0.6%)	29(0.5%)	54(0.9%)	723(11.7%)	5339(86.4%)
Opiates	14(0.2%)	17(0.3%)	47(0.8%)	710(11.5%)	5390(87.2%)
Tranquilizers	26(0.4%)	20(0.3%)	41(0.7%)	590(9.5%)	5502(89.0%)
Hallucinogens	3(0.0%)	11(0.2%)	36(0.6%)	1366(22.1%)	4766(77.1%)
Painkillers	84(1.4%)	63(1.0%)	140(2.3%)	1052(17.0%)	4837(78.3%)
Other	66(1.1%)	17(0.3%)	60(1.0%)	476(7.8%)	5456(89.8%)

Demographic Information From Adult History Form

Work Outside Home

Most (55.1%) of the clients were working either part- or full-time, but a large minority was unemployed at the time of entry into the treatment programs.

Work Outside Home	Number of Cases	Percent
Yes, Full-time	2674	40.8%
Yes, Part-time	937	14.3%
No, By choice	310	4.7%
No, unemployed	2635	40.2%
Total	6556	100.0%

Personal Income Last Year

Considering the relatively high number of unemployed persons, it was not surprising that most (56.1%) of those in the treatment programs had personal incomes of less than \$10,000 per year. Very few reported making more than \$30,000 per year.

Personal Income Categories	Number of Cases	Percent
Less than \$10,000	3607	56.1%
\$10,001 to \$20,000	1648	25.6%
\$20,001 to \$30,000	474	7.4%
\$30,001 to \$50,000	173	2.7%
Over \$50,000	33	0.5%
Don't want to say	492	7.7%
Total	6427	100.0%

Family Income Last Year

As would be expected, family income levels were higher than personal income levels, but these income amounts were quite modest with only 8.7 percent reporting family incomes over \$30,000.

Family Income Categories	Number of Cases	Percent
Less than \$10,000	2382	38.7
\$10,001 to \$20,000	1532	24.9
\$20,001 to \$30,000	661	10.7
\$30,001 to \$50,000	348	5.7
Over \$50,000	185	3.0
Don't want to say	1042	16.9
Total	6150	99.9%

Where Do You Live?

Most (83.7%) people reported that they were currently living in a 'City' or a 'Town' with 16.3% indicating that they currently lived in a 'Rural Area.'

Place of Residents	City	Town	Rural Area
Where do you live now?	47.8%	35.9%	16.3%
Where have you lived most your life?	45.8%	34.3%	20.0%

Problem Areas

The clients were asked a series of questions about personal or family problems or situations. Most (57.7%) clients had been in treatment programs before, and nearly one-half (45.2%) had encountered problems with family members drinking. Other prominent problem areas were: treated for depression (28.0%), problems with family members using drugs (23.2%), hit hard before age 18 (22.9%), and physically abused or beat up after age 18 (22.6%).

Problem Areas	Number of Cases	Percent Yes
Have you been in treatment before?	6517	57.7%
Did drinking by any family member cause problems?	6527	45.2%
Did drug use by any family member cause problems?	6497	23.2%
Before 18, were you hit so hard that you had marks?	6542	22.9%
Since 18, were you hit so hard that you had marks?	6524	22.6%
Before 18, were you forced to have sex?	5310	18.7%
Since 18, were you forced to have sex?	5789	11.3%
Have you ever been treated for depression?	6530	28.0%
Have you ever been treated for any other emotional disorders?	6479	16.1%
Have you ever tried to commit suicide?	6437	20.4%
Have you ever starved yourself for more than 3 months?	6537	5.0%
Have you ever binged and vomited for over 3 months?	6480	3.8%
Did you have a hard time learning when growing up?	6426	16.1%

Additional Problem Areas Before You Were 15 Years Old

Two major problem areas encountered by the clients before age 15 were stealing (36.6%) and starting fights (30.9%).

Problem Area	Number Cases	Percent Yes
Skip school more than 10 times?	5993	27.2%
Get suspended or expelled from school?	5978	28.2%
Get Arrested?	5964	22.7%
Run away from home overnight more than once?	5972	22.5%
Vandalize or destroy property?	5962	21.5%
Steal?	5964	36.6%
Have sex with more than one person?	5965	23.6%
Start physical fights?	5972	30.9%

Questions on Spirituality

Most (62.3%) of the clients participated in prayer or meditation on a regular basis (at least monthly), with about one-half (48.0%) praying or meditating at least weekly.

How often do you meditate or pray?

Pray or Meditate	Number of Cases	Percent
Never	1537	23.6%
Less than once a month	923	14.2%
Several times a month	933	14.3%
Every week	899	13.8%
Every day	2227	34.2%
Total	6519	100.1%

This group of clients was not highly involved in organized religious services, since 41.5% never attended religious services, and many attended services less than once a month.

How often do you attend religious services of any kind?

Religious Services Attendance	Number of cases	Percent
Never	2693	41.5%
Less than once a month	2175	33.5%
Several times a month	708	10.9%
Every week	839	12.9%
Every day	68	1.0%
Total	6483	99.9%

Outcome Factors Assessed

The basic outcome factors are assessed and reported for persons who completed one-year follow-up forms. One year follow-up information was available on 1708 persons. Persons are contacted by phone (or mail in a few cases) at 12 months post-treatment. The one-year period following treatment was the focal point because much of the comparative data between the History Form and Follow-up Form were based on information or performances in the past year.

The key outcome factors assessed in this report are: aftercare, working/not working, months employed in past year, work problems, days absent from work, working under the influence of alcohol or drugs, substance use in the past 12 months, times hospitalized, days hospitalized, emergency room visits, doctor office visits, accidents, arrests in past year, offenses committed, and time in jail.

Aftercare During Follow-up

Of those surveyed with the follow-up instrument, most (57.8%) received some aftercare, about two-thirds (66.6%) attended AA/NA, and a few (11.9%) attended other support groups. Those abstinent attended each of these programs at a higher rate than did those who used substances, indicating the importance of aftercare services for those who are successful.

Program	Percent Attending- All Clients	Percent Attending- Abstinent Clients	Percent Attending- Substance Users
Aftercare	57.8%	67.0%	49.7%
AA/NA	66.6%	75.1%	59.4%
Other Support	11.9%	12.4%	11.4%

Working/Not Working: Comparison Between Before and After Treatment

Before treatment started, 34.7 percent of the clients in the follow-up study were unemployed. Following treatment, 9.4 percent of all persons in the follow-up study were unemployed and only 7.9 percent of those who were abstinent were unemployed. Nearly three-fourths (69.0%) of those abstinent were working full-time, compared to 45.9 percent full-time employment for all persons in this outcome survey before starting treatment. The positive economic impact for the clients and society of these employment findings is very significant.

Working	History Form Percent Yes	Follow-up Form Percent Yes
Yes, Full-Time	45.9%	64.9% (69.0%)
Yes, Part-Time	14.3%	16.6% (14.2%)
No, By Choice	5.1%	9.1% (8.9%)
No, Unemployed	34.7%	9.4% (7.9%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Months Employed: Pre- and Post-Treatment Results

There was a significant improvement in the number of months worked full-time between the pre- and post-treatment measures. Before treatment, those working averaged 6.3 months full-time employment in the previous 12 months. One year after treatment, the same clients averaged 7.0 months worked in the past 12 months for all persons and 7.8 months for those abstinent.

Months Employed	History Form Pre-Test	Follow-up Form Post-Test
Months, Full-Time	6.3	7.0 (7.8)
Months, Part-Time	1.9	1.7 (1.5)
Months, Not Worked	3.8	3.3 (2.8)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Problems at Work: Pre- and Post-test Results

Clients were asked identical questions before treatment started and 12 months following treatment with respect to 'problems at work,' during the past 12 months. In every situation but injuries, there were fewer work problems after treatment than before. After treatment, the clients had fewer problems with missing work, getting work done, making mistakes, being late for work, and problems with supervisors. The improvement between the before and after treatment measures was outstanding. The results below were based on the pre- and post-test treatment results for persons who had both history and 12-month follow-up information.

Those who were abstinent had superior performance in each work problem area. The percents listed in the parenthesis () in the last columns refers to the rates of those who were abstinent during the follow-up period.

Work Problems	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
With supervisor or boss?	16.4%	10.7% (6.6%)	34.8% (59.8%)
Getting your job done?	7.3%	4.6% (2.5%)	37.0% (65.8%)
Missing work?	27.6%	11.1% (3.6%)	59.8% (87.0%)
Being late?	24.4%	10.5% (4.8%)	57.0% (80.3%)
Getting injured?	7.4%	7.8% (5.0%)	-0.5% (32.4%)
Making mistakes?	14.6%	6.1% (3.6%)	58.2% (75.3%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Days Absent From Work in Past Months: Pre- and Post-Treatment Results

There was a significant reduction in the number of days absent from work between 'before' treatment and 'after' treatment. Before treatment, there was an average of 3.6 days of missed work in the past month. After treatment, the average was reduced to 1.2 days for all completing treatment and 0.8 days for those who were abstinent. The rate of improvement between pre and post-treatment measures was very high, indicating the ability of the treatment programs to make positive changes in the lives of individuals.

Days Absent From Work Past Month	History Form Pre-Test	Follow-up Form Post-Test	Percent Improvement
Days Absent	3.6	1.2 (0.8)	66.7% (77.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Drug and Alcohol Influence at Work: Pre- and Post-test Results

After leaving treatment, clients were not likely to use alcohol or drugs while working. There was a dramatic reduction between pre- and post-treatment measures of substance use at work. Before entering treatment, over one-half of the clients were under the influence of alcohol/drugs daily while working, but after treatment only 1.4 percent reported daily influences of substances while working.

Under the Influence of Alcohol or Drugs while Working?	History Form Pre-Test	Follow-up Form Post-Test
Never	9.4%	94.2%
Less than once per month	12.9%	2.3%
1 to 3 times per month	11.4%	1.1%
1 to 3 times per week	14.7%	0.9%
Almost every day	51.6%	1.4%

Substance Use 12 Months After Completing Treatment

The overall abstinence rate for any substance use for this group of persons in the outcome study was a very respectable 46.2 percent after 12-months post-treatment. Alcohol and Marijuana were the most popular substances used.

Substance Use	Number of Cases	Percent Using
Alcohol	1822	52.7%
Marijuana	1799	12.3%
Cocaine	1800	2.2%
Stimulants	1794	3.7%
Sedatives	1795	2.7%
Opiates/heroin	1797	0.8%
Tranquilizers	1800	1.9%
Hallucinogens	1796	0.6%
Painkillers	1798	4.9%
Other	1795	0.8%

Hospitalization: Pre- and Post-Treatment Comparisons

In nearly every category the clients had more times and days in the hospital the year before treatment than they did in the 12 months following treatment. Those completing treatment were hospitalized 2.5 times less (4.7 for those who were abstinent) after treatment than they were before, and the number of days hospitalized was 2.0 times (4.0 for those who were abstinent) less during the post-treatment time. The mean average for those who were abstinent can be identified in the parenthesis (). Although all who completed treatment had improvements in outcomes between pre- and post-treatment measures, the abstinent groups had superior results.

Reason for Hospitalization	Before Times* Hospitalized	After Times# Hospitalized	Before Days* Hospitalized	After Days# Hospitalized
Illness, injury or surgery	.36	.16 (.12)	.96	.55 (.50)
Detoxification	.23	.06 (.00)	.71	.25 (.00)
Psychiatric care	.11	.04 (.01)	.68	.26 (.04)
Pregnancy or childbirth	.07	.05 (.04)	.09	.08 (.10)
Any other reason	.07	.03 (.01)	.09	.11 (.00)
Total	.84	.34 (.18)	2.53	1.25 (.64)

*Before refers to 12 months preceding the treatment program.

#After means the 12-month period following treatment.

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Emergency Room and Office Visits: Pre- and Post-Treatment Comparisons

In all categories, except Pregnancy or Childbirth for Medical Office visits, the clients had more office visits the year before treatment than they did the 12 months following treatment. Overall, there were 2.1 (3.9 for those who were abstinent) times as many ER visits before treatment than there were after treatment. There were less overall differences in Office Visits between before and after treatment visits. This is not surprising since Office Visits may represent preventive medicine efforts as much as medical difficulties. There were significantly fewer Office Visits for psychiatric care 12 months after treatment than there was 12 months prior to treatment.

Emergency Room or Office Visits	Before ER Visits*	After ER Visits#	Before Office Visits*	After Office Visits#
Illness, injury or surgery	.46	.25 (.15)	1.08	.83 (.62)
Psychiatric care	.08	.03 (.01)	.48	.27 (.18)
Pregnancy or childbirth	.05	.02 (.02)	.20	.26 (.31)
Routine examination	NA	NA	.83	.71 (.78)
Any other reason	.15	.05 (.01)	.40	.14 (.07)
Total	.74	.35 (.19)	2.99	2.21 (1.96)

*Before refers to 12 months preceding the treatment program.

#After means the 12-month period following treatment.

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Homeless

Before treatment 2.70 percent of the clients indicated that they were homeless, but after treatment slightly fewer (2.45%) persons mentioned that they had no home.

Accidents Past 12 Months: Pre- and Post-Treatment Results

There was a significant reduction (72.0% improvement overall) in the number of reported accidents as drivers between the pre- and post-treatment measures.

Accidents in the Past Year	History Form Pre-Test	Follow-up Form Post-Test	Percent Improvement
Number of Accidents	.25	.07 (.06)	72.0% (76.0%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Arrested in the Past Year: Pre- and Post-test Results

There was a substantial reduction between pre- and post-treatment measures of those 'Arrested in Past Year.' Before entering treatment, more than three-fourths had been arrested in the past year, but the arrest rates declined to only 19.0 percent and 8.5 percent for all completing treatment and those abstinent, respectively.

Arrested in Past Year	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
Arrested	75.6%	19.0% (8.5%)	74.9% (88.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Times Arrested in the Past Year: Pre- and Post-test Results

In every offense category the clients had more arrests 12 months before treatment than they did in the 12 months following treatment. There were 5.2 (12.7 for those who were abstinent) times fewer arrests during the follow-up period compared to 12 months prior to treatment.

Offense	History Form Pre-Test	Follow-up Form Post-Test
DWI	.61	.10 (.04)
Speeding or Other Moving Traffic Violation	.21	.02 (.01)
Disorderly Conduct	.10	.02 (.00)
Assault or Battery	.08	.01 (.00)
Theft	.05	.01 (.00)
Vandalism	.01	.00 (.00)
Possession of Drug or Drug Paraphernalia	.18	.03 (.01)
Sale of Drugs	.02	.00 (.01)
Other	.14	.08 (.04)
Total	1.40	.27 (.11)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Jailed Overnight in Past 12 Months: Pre- and Post-test Results

There was a significant reduction in the percent of clients incarcerated overnight between the pre- and post-treatment measures. Before entering treatment, nearly two-thirds had been jailed overnight in the past year, but the incarceration rates declined to 15.7 percent and 6.7 percent for all completing treatment and those abstinent, respectively.

Jailed Overnight	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
Percent Jailed	60.3%	15.7% (6.7%)	74.0% (88.9%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

From Adult Discharge Form

Program Type

Data analysis in this section was done on all persons (n = 6617) who had been discharged. A vast majority (71.4%) were involved in day or evening outpatient programs.

Type of Program	Number of Cases	Percent
Residential Inpatient Only	904	13.7%
Evening Outpatient Only	3171	47.9%
Day Outpatient Only	1552	23.5%
Day Hospital	422	6.4%
Combination: Inpatient Evening Outpatient	114	1.7%
Combination: Inpatient Day Outpatient	71	1.1%
Combination: Inpatient Day Hospital	17	0.3%
Other	366	5.5%
Total	6617	100.1%

Discharge Status For All Referrals To Programs

Based on information on all clients who received services in treatment programs, most (80.9%) were in the 'Completed program' category. A few (7.5%) 'Left against staff advice' or were 'Discharged for noncompliance' (7.0%). The 'Completed program' category (n = 6734) is different from the 6617 reported elsewhere in this report, because only those with completed information on all forms (Intake, History, and Discharge) and signed consent forms were used as part of the outcome (follow-up) study.

Discharge Status	Number of Cases	Percent
Evaluation only	64	0.8%
Completed program	6734	80.9%
Transferred to other program	297	3.5%
Left against staff advice	624	7.5%
Discharged for noncompliance	585	7.0%
Insufficient funding	4	0.0%
Other	16	0.2%

Chemical Use During Treatment

As would be expected, very few (8.3%) clients were known to be using chemicals during treatment.

Chemical Use	Number of Cases	Percent
No	5363	81.9%
Not sure	640	9.8%
Yes, as Inpatient	38	0.6%
Yes, as Outpatient	504	7.7%
Total	6545	100.0%

Family Program Participation

Few (29.5%) of the families of the clients were involved in the family programs.

Participation in Family Program	Number of Cases	Percent
No family or significant other	3283	51.3%
Patient refused	742	11.6%
Family/significant others refused	488	7.6%
Some involvement	1886	29.5%
Total	6399	100.0%

Who Participated in Family Program?

Of family members who did take part in the family programs, spouse/mate and parents were the most prevalent participants.

Attendance	Percent None	Percent Partial	Percent Full
Spouse/mate	56.5%	24.7%	18.8%
Parents	56.4%	22.7%	21.0%
Siblings	82.6%	10.2%	7.2%
Children	83.8%	9.8%	6.4%
Friends	88.6%	7.0%	4.4%

Post-Discharge Referrals

Alcoholics Anonymous, Program Aftercare, and Narcotics Anonymous were the most frequent referral sources. Since there were multiple referrals per client, the total percent equals more than 100 percent.

Referral Source	Number of Cases	Percent
Alcoholics Anonymous	5832	89.4%
Emotions Anonymous	12	0.2%
Cocaine Anonymous	22	0.3%
Narcotics Anonymous	2021	31.0%
Women for Sobriety	12	0.2%
AL-ANON	144	2.2%
Other Support Group	430	6.7%
Program Aftercare	4984	76.4%
Individual Therapy/Counseling	716	11.0%
Family Therapy/Counseling	240	3.7%
Halfway House	358	5.5%
Other CD Program	388	6.0%
Other	518	7.9%

Predictors of Success

Based on the statistical analysis of the information on 1708 clients who were surveyed with a follow-up instrument, the following factors were found to be predictive of success (i.e., did not use substances during follow-up period).

Follow-up Form

- ◆ Persons working fulltime were more likely to remain substance free than were those not working fulltime. Also, clients who were substance free during follow-up had fewer days absent from work.
- ◆ Clients who were substance free had fewer problems with: the boss or supervisor, getting the job done, making mistakes at work, missing work, being late or getting injured on the job.
- ◆ Based on marital status at follow-up, persons never married were more likely to have used substances than were married persons.
- ◆ Clients who attended AA or NA were much more likely to remain substance free than were those who stopped attending.
- ◆ Persons who attended aftercare were much more likely to remain substance free than were those who stopped attending.
- ◆ Clients who were substance free had fewer problems during the follow-up period with boredom, stress, and loneliness.
- ◆ Person using substances were more likely to have had periods of 2 weeks or more, since completing treatments, in which they felt depressed.
- ◆ Clients using substances were more likely to be around others using alcohol or drugs, and craving alcohol and drugs.
- ◆ Clients who were substance free were much less likely to be arrested or incarcerated.

- ◆ Clients who were substance free were less likely to be hospitalized.
- ◆ Clients who rated the treatment programs highly were much more likely to be substance free.
- ◆ Clients who were substance free had fewer problems with marital or 'significant other' relationships, family problems, and financial problems during the follow-up period.
- ◆ Clients who smoked were less likely to be substance free.

History Form

- ◆ Clients who had frequent visits to hospitals and ER's the year preceding treatment were more likely to use substances than were those with fewer visits.
- ◆ Clients who were unemployed at time of entry into treatment were less likely to be substance free during the follow-up period.
- ◆ Those who lived in a city before entering treatment were more likely to use substances than were those from rural areas.
- ◆ Those who had experienced withdrawal symptoms before treatment were more likely to use substances during follow-up than were those not previously experiencing withdrawal symptoms.
- ◆ Clients who had been treated for depression before treatment were more likely to use substances during follow-up than were those who had not been treated for depression.
- ◆ Clients who report suicide attempts on History Form more likely to use substances during follow-up than were those not reporting suicide attempts.
- ◆ Clients having the shakes after cutting down were more likely to use substances during follow-up than were those not experiencing shakes.

- ◆ Clients using drugs or alcohol to relieve a hangover were more likely to use substances during follow-up.
- ◆ Clients needing drugs or alcohol just to keep going were more likely to use substances during follow-up than were those not needing substances to keep going.
- ◆ Clients who had missed work in the year previous to treatment programs because of substance use were more likely to use alcohol or drugs during follow-up than were those not missing work.
- ◆ Clients who had neglected their children because of alcohol or drugs were more likely to use substances during follow-up.
- ◆ Clients who had hit others or become violent while on substances were more likely to use alcohol or drugs during follow-up than were those who did not commit violent acts.
- ◆ Clients who reported receiving medical treatment for injuries incurred while using alcohol or drugs were more likely to use substances during follow-up than were those with no such incidences.
- ◆ Clients who reported running away from home overnight more than once before age 15 were more likely to use substance during follow-up than were those with no such incidences.
- ◆ Clients who had neglected some of their usual responsibilities because of alcohol or drugs were more likely to use substances during follow-up.
- ◆ Clients who reported on the History forms that they had used so much that the next day they could not remember what they said because of alcohol or drug use were more likely to use substances during follow-up.
- ◆ Clients who had been or binges and stayed high for two or more days were more likely to use substances during follow-up than those who did not report binges for two or more days.

Ratings of Program by Participants

The clients were asked a series of four agree/disagree questions concerning the treatment program that they completed. In general the clients had very high ratings of the treatment programs.

A strong (85.0%) majority of the all clients completing the follow-up interview agreed that it was a good program. As would be expected, those who were substance free rated the program higher (90.5% agreed the program was good).

It was a good program.	Number of Responses	Percent
Strongly Agree	1053 (559)	59.6% (68.2%)
Agree	449 (183)	25.4% (22.3%)
Not Sure	184 (62)	10.4% (7.6%)
Disagree	37 (9)	2.1% (1.1%)
Strongly Disagree	43 (7)	2.4% (0.9%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Most (86.5%) clients completing the follow-up form agreed that the counselors were helpful. Survey participants who were substance free rated the program higher (90.2% felt that the counselors were helpful).

The Counselors were helpful.	Number of Responses	Percent
Strongly Agree	1187 (606)	67.4% (73.8%)
Agree	336 (135)	19.1% (16.4%)
Not Sure	155 (52)	8.8% (6.3%)
Disagree	34 (16)	1.9% (2.0%)
Strongly Disagree	48 (12)	2.7% (1.5%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

A majority (83.7%) of those completing the follow-up survey felt they learned much in the treatment program. The substance free clients rated this question higher with 90.3 percent agreeing with the statement.

I learned much.	Number of Responses	Percent
Strongly Agree	1103 (589)	62.5% (71.7%)
Agree	373 (153)	21.2% (18.6%)
Not Sure	184 (49)	10.4% (6.0%)
Disagree	55 (21)	3.1% (2.6%)
Strongly Disagree	49 (10)	2.8% (1.2%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Most (85.2%) of the clients indicated that they would recommend the program to other people, while some (7.7%) were not sure. The substance free clients rated the program higher with 91.0% indicating that they would recommend the program to other people.

I would recommend the program to other people.	Number of Responses	Percent
Strongly Agree	1149 (607)	65.4% (74.0%)
Agree	347 (139)	19.8% (17.0%)
Not Sure	136 (40)	7.7% (4.9%)
Disagree	55 (19)	3.1% (2.3%)
Strongly Disagree	69 (15)	3.9% (1.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

OPEN-ENDED QUESTIONS

These comments were taken from those completing the follow-up form that was administered 12 month post-treatment. To date, 1708 persons have completed the follow-up survey.

What did you like best about the Alcohol and Drug Treatment Program?

- Counselors (295 responses)
- Talking, sharing, openness (162 responses)
- Interaction with other clients (150 responses)
- Information, knowledge (127 responses)
- Group sessions, discussions (126 responses)
- One on one counseling (68 responses)
- All of it (50 responses)
- Learned about myself (49 responses)
- Nothing (41 responses)
- Environment (27 responses)
- It was helpful/the help (26 responses)
- Learning about alcoholism and drug abuse (25 responses)
- Honesty (20 responses)
- Don't know (17 responses)
- Dealing with problems (15 responses)
- Got me sober/drug free/made changes (13 responses)
- Getting out (12 responses)
- Food (11 responses)
- Freedom (11 responses)
- Small group (11 responses)
- Spirituality, higher power, religion (11 responses)
- Staff (8 responses)
- Aftercare (7 responses)
- All female (7 responses)
- Structure (7 responses)
- Support/caring (7 responses)
- Learned a lot (6 responses)
- Activity--not boring (6 responses)
- Listening/listened to (6 responses)
- People/other clients (6 responses)
- It was an inpatient program (5 responses)
- It was an outpatient program (5 responses)
- Could not get alcohol (4 responses)
- Friends & friendship (4 responses)
- Made me think (4 responses)
- Presentation (4 responses)
- AA meetings (3 responses)

- Chance to work and go through treatment (3 responses)
- Going to the recreation center (3 responses)
- Family (3 responses)
- Got out of jail (3 responses)
- Homework (3 responses)
- I was treated like a person, not a case number (3 responses)
- It was thorough (3 responses)
- Length (3 responses)
- Videos/movies (3 responses)
- Confidentiality (2 responses)
- Free to return for help (2 responses)
- Gave me time to get in touch (2 responses)
- Family History (2 responses)
- Freedom to be in the community (2 responses)
- Going to AA/NA (2 responses)
- Got to miss work (2 responses)
- I was treated with respect (2 responses)
- Lectures (2 responses)
- Location (2 responses)
- Approach they take (1 response)
- Belief system (1 response)
- Biogenetic model of disease of alcoholism (1 response)
- Books (1 response)
- Choices have consequences (1 response)
- Classes helped me read (1 response)
- Creative exercise (1 response)
- Deputy Sheriff (1 response)
- Discussions (1 response)
- Diversity of people (1 response)
- Entertaining (1 response)
- Everyday approach (1 response)
- Everyone involved (1 response)
- Family get together (1 response)
- Getting paid for going (1 response)
- Good at work (1 response)
- Got me past denial (1 response)
- Got rid of issues (1 response)
- Guest speaker (1 response)
- Guided, not punished (1 response)
- Having what I ate regulated (1 response)
- Heal family problems (1 response)
- Healing process (1 response)
- Had a great experience (1 response)
- Hugs (1 response)
- Involved classes (1 response)
- It gave me hope (1 response)
- It wasn't high-pressured (1 response)
- It was the best I've seen (1 response)

- It was better than previous treatment (1 response)
- It was a great vacation (1 response)
- It was intense (1 response)
- It was self-paced (1 response)
- It was a successful program (1 response)
- It was an emotional boot camp (1 response)
- It wasn't a lock-down situation (1 response)
- Kept a person in line (1 response)
- Learned respect and responsibility (1 response)
- Made lots of friends (1 response)
- Meeting other women with babies (1 response)
- Meetings (1 response)
- My profound ignorance (1 response)
- Open enrollment (1 response)
- Privileges to go places (1 response)
- Questions (1 response)
- Realized I have a drinking problem (1 response)
- Separate ages (1 response)
- Seeing people completing program (1 response)
- Straight forward (1 response)
- Sobriety part (1 response)
- Storybooks (1 response)
- Sweat lodge (1 response)
- The 12 steps (1 response)
- The meditation (1 response)
- They didn't avoid any questions (1 response)
- They made it fun (1 response)
- Time to myself to really think (1 response)
- Tools to keep clean (1 response)
- You could come and go and eat (1 response)
- Visitation of children allowed (1 response)
- We could leave (1 response)
- Wide variety of subjects (1 response)
- Wonderful program (1 response)
- Writing a biography (1 response)
- Writing last paper before graduation (1 response)

OPEN-ENDED QUESTIONS

What, if anything, about the program do you think needs to be changed?

- Nothing (792 responses)
- Better counselors (55 responses)
- More structure or organization/change in procedure (23 responses)
- Group people together by: age, sex, alcohol TX, drug TX, gambling TX (20 responses)
- More one on one counseling (20 responses)
- Longer (18 responses)
- Better meeting rooms, facilities, and location (15 responses)
- Don't know (11 responses)
- Don't mix people who want to be there with those who don't (11 responses)
- Update movies, videos (10 responses)
- Some staff (9 responses)
- Food (8 responses)
- More on drugs, marijuana, narcotics (8 responses)
- Group was too large (7 responses)
- More confidentiality (7 responses)
- Better aftercare/required to go (6 responses)
- Client treatment (6 responses)
- Lower the cost (6 responses)
- More counselors (6 responses)
- The whole program (6 responses)
- Homework/assignments (5 responses)
- More on higher power (5 responses)
- Too long (5 responses)
- Update materials (5 responses)
- Activities away from treatment (4 responses)
- Do more with families (4 responses)
- Timing during day or week (4 responses)
- Bedtime or sleep time (3 responses)
- Length (3 responses)
- Meeting time, length, frequency (3 responses)
- More interesting, exciting, not boring (3 responses)
- Openness (3 responses)
- Schedule time to smoke (3 responses)
- Too much religion/don't push religion (3 responses)
- AA seemed depressing (2 responses)
- Aftercare counselor (2 responses)
- Aim at younger adults (2 responses)
- More emotional/psychological help (2 responses)
- Address more about gambling (2 responses)
- Check for drugs/alcohol (2 responses)

- Favoritism (2 responses)
- Felt rushed through it (2 responses)
- Group discussion (2 responses)
- Improved treatment (2 responses)
- Letting people back in when they wanted back in (2 responses)
- More entertaining (2 responses)
- More funding for treatment (2 responses)
- More reading material (2 responses)
- More videos (2 responses)
- Movies (2 responses)
- Not so many drugs for people (2 responses)
- Pay scale (2 responses)
- Seemed like a factory, like an assembly line (2 responses)
- Repetitive (2 responses)
- Teach information at high school (2 responses)
- The group (2 responses)
- Use of 12 steps (2 responses)
- Don't allow people to join in middle of TX program (2 responses)
- AA meetings (1 response)
- A chance to discuss things privately & not in a group (1 response)
- Abolish it (1 response)
- Allow food in building (1 response)
- Be more innovative (1 response)
- Be more understanding (1 response)
- Brainwashing (1 response)
- Change back to previous program (1 response)
- Closer supervision during cigarette breaks (1 response)
- Couldn't go outside after dark (1 response)
- Daily-shorter hours (1 response)
- Do not want family day (1 response)
- Entire legal system (1 response)
- Establish more personal relationships (1 response)
- Focus more on alcoholism (1 response)
- Get more information to the public (1 response)
- Halfway house is more for people coming out of the penal system (1 response)
- Have a Spanish program (1 response)
- Have a Spearfish program (1 response)
- Homosexuality and alcohol (1 response)
- How insurance is billed (1 response)
- Increase the number of inpatients (1 response)
- It needs to be more in depth-go past first step (1 response)
- Keep separate from detox (1 response)
- Less paperwork, less reading (1 response)
- Let kids come to graduation, no matter their age (1 response)
- Look more at psychiatric roots/problems (1 response)

- Make more accessible (1 response)
- Meetings were too often (1 response)
- Men counselors (1 response)
- Monitor instructor's attitude (1 response)
- More activities (1 response)
- More connection between aftercare and AA (1 response)
- More demos on effect of alcohol/accidents (1 response)
- More education (1 response)
- More educated teachers (1 response)
- More follow-up (1 response)
- More help during recovery after treatment (1 response)
- More hugs and kisses (1 response)
- More intensive treatment (1 response)
- More on relapse (1 response)
- More patient-centered (1 response)
- More programs for small towns (1 response)
- More sponsors (1 response)
- More support from state (1 response)
- More time spent on teaching (1 response)
- Not everyone that drinks is an alcoholic (1 response)
- Not sure (1 response)
- Old information (1 response)
- Only went through first three steps (1 response)
- Optional time for group (1 response)
- Outside speakers (1 response)
- Post-treatment programs (1 response)
- Preaching about higher powers in AA (1 response)
- Pregnant and had to walk to work (1 response)
- Prejudice (1 response)
- Restrictions too tough (1 response)
- Screen young people (1 response)
- Sometimes people come down hard on those who don't want to be there (1 response)
- Should be able to tell jokes (1 response)
- Should try to show you care (1 response)
- Take people to at least one AA (1 response)
- Techs need more knowledge and to be sympathetic (1 response)
- Techs too soon out of treatment (1 response)
- The attitude that not everyone can quit (1 response)
- The counselors shouldn't be junior psychologists (1 response)
- Too many smokers in AA (1 response)
- Too much of the same stuff (1 response)
- Treatment center on reservation (1 response)
- Too controlling (1 response)
- Too short (1 response)
- We were locked (1 response)
- Work around clients' schedules (1 response)